Application by Rowlands Pharmacy (L Rowland & Co (Retail) Ltd Trading As) for inclusion in the pharmaceutical list in respect of the address, Eastfield Medical Centre, Eastfield Farm Road, Penicuik, EH26 8EZ.

The Pharmacy Practices Committee met in the meeting room at Penicuik Town Hall, High Street, Penicuik, EH26 8HS on 26th May 2010 to consider the above application in accordance with the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995, as amended.

Decision of the Pharmacy Practices Committee

The decision of the Committee was that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were to be located by persons whose names are included in the pharmaceutical list and that accordingly the application should not be granted.

Pharmacy Practices Committee

Jack Aitchison (Chair)
Peter Jones (Non-contractor Pharmacist)
Kaye Devlin (Contractor Pharmacist)
Fiona McCready (Contractor Pharmacist)
Patricia Eason (Lay member)
Margaret Tait (Lay member)

Lynda Campbell (Administrator to the Pharmacy Practices Committee, accompanied by Susan Summers)

1. The Committee convened to consider an application for inclusion in the pharmaceutical list, dated 11th May 2009, by Rowlands Pharmacy (L Rowland & Co (Retail) Ltd Trading As) in respect of the address, Eastfield Medical Centre, Eastfield Farm Road, Penicuik, EH26 8EZ. A copy of the application had been circulated in advance to the Committee and the parties.

2. Written representations had been received from Lloyds Pharmacy. The applicant and the interested party were entitled to comment on the representations received. No such comments were received. Copies of the written representations had been circulated in advance to the Committee and the parties.

3. The Committee had before them maps of the area surrounding the proposed premises detailing the location of the nearest pharmacies and GP surgeries, deprivation categories and population density. They had details of the numbers of prescriptions dispensed during the months Apr 2009 – September 2009 by the pharmacies nearest to the proposed premises and the number of prescriptions they dispensed that were issued from the GP surgeries closest to the premises during the months July 2009 – September 2009. The Committee were also provided with “Pharmacy Profiles” of the nearest pharmacies detailing opening hours, premises facilities and services offered.
4. Under paragraph 5(10) of the Regulations the Committee was required to decide whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the pharmaceutical list.”

5. It had been confirmed prior to the meeting that the members present did not have an interest to declare.

6. The Committee agreed to invite the applicant Rowlands Pharmacy (L Rowland & Co (Retail) Ltd Trading As) and those who were present who had made written representations to attend before them. They were:

   Alasdair Shearer, representing Rowlands Pharmacy (L Rowland & Co (Retail) Ltd Trading As)
   Martin Aitken, representing Lloyds Pharmacy

7. The Chairman, prior to the hearing commencing, pointed out to all those present that he is a Councillor for Midlothian ward.

8. The Chairman went on to explain the procedure that would be followed and no person present objected.

9. The procedure adopted by the Committee was that the applicant made an opening submission to the Committee, which was followed by an opportunity for the objector and the Committee to ask questions. The objector then made his oral representations and the applicant and the Committee then asked the objector questions. The parties were then given an opportunity to sum up. Before the parties left the meeting the Chairman asked all parties if they felt that they had had a fair and full hearing. They confirmed that they had.

10. Prior to the meeting the Committee undertook a site visit. The Committee noted the location of the proposed premises, the pharmacies nearest to the proposed premises, the nearest GP surgeries and the neighbourhood as defined by the applicant.

11. The Committee was required to and did take account of all relevant factors concerning the issues of neighbourhood, adequacy of existing pharmaceutical services in the neighbourhood and whether the provision of pharmaceutical services at the premises named in the application was necessary or desirable to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.

**Neighbourhood - Applicant**

12. The Committee noted that the applicant, Rowlands Pharmacy (L Rowland and Co (Retail) Ltd trading as), had defined the neighbourhood as Penicuik.

13. The applicant clarified in his oral submission that Penicuik itself has been established to be one neighbourhood in recent contract hearings.

**Neighbourhood – Interested Parties**

14. Mr Aitken, representing Lloyds Pharmacy, advised that in his opinion the definition of neighbourhood would be that of Penicuik.

**Adequacy of Existing Pharmaceutical Services and Necessity or Desirability - Applicant**
15. Mr Shearer, representing Rowlands Pharmacy (L Rowland and Co (Retail) Ltd trading as), stated that their application was for a major relocation of their premises from their current location at 22 Edinburgh Road to newly constructed premises at Eastfield Medical Centre.

16. Mr Shearer advised that the relocation of their contract would be approximately 550 metres from their existing site. He further advised that the move does not cross any neighbourhood boundaries as Penicuik itself has been established to be one neighbourhood in recent contract hearing.

17. Mr Shearer advised that the population of Penicuik readily crossed the Edinburgh Road. Residents from Queensway and Cuiken Terrace areas regularly cross the road to access the Tesco supermarket for day to day shopping, and do not have any problems accessing the Eastfield Medical Practice for GP appointments. Mr Shearer further advised that between Carllops Road in the west, and Mauricewood Road in the east, there are six crossing islands, and two pedestrian controlled crossings. He pointed out that that is eight crossing in just a 0.6 mile distance. Mr Shearer also stated that he didn’t believe Edinburgh Road could pose a problem to any resident.

18. Mr Shearer stated that the area and housing type around the Eastfield area is the same as that as the housing behind their current location around the Queensferry Road.

19. Mr Shearer advised that he believed there would be no change to the population served, and in reality, no significant effect on the NHS services provided by other contractors in the neighbourhood.

20. Mr Shearer advised that the relocated contract would be put less than half a mile from their existing position, just a six minute stroll. He stated that this should not prove an inconvenience for any residents, indeed, it is closer and more convenient for the large population in the housing around Eastfield, especially those taking their children to the adjacent Strathesk Primary School.

21. Mr Shearer advised that by co-locating in a health centre, GPs and pharmacists can work together to maximise patient benefit. He stated that they have a number of contracts where co-location has allowed them to expand the services they offer. Mr Shearer went on to advise that they currently offer blood pressure screening in all Rowlands Pharmacies, however in pharmacies co-located in a surgery, they have extended this to a monitoring service, working with GPs to ensure patients are adequately controlled. He went on to advise that a number of pharmacies within his company work to the same model as their proposed pharmacy, and they provide a number of extra services, which include: respiratory clinics, cardiovascular clinics, alcohol screening, INR testing, travel and vacation clinics, and weight management clinics. All of these services are offered in conjunction with the GPs and using pharmacy allows the provision of these services later at night and over Saturday, when the surgery would be closed. This is the vision for the pharmacy at Eastfield, to take services further and enhance the service provision to the patient.

22. Mr Shearer advised that he had plans, which he presented, in respect of the building of the new premises, and the proposed fit out of the pharmacy area. These were circulated after it was established that there was no objection to this. Mr Shearer went on to advise that the building is being constructed by Medical Centre Scotland, the same developer that constructed the health centre, and the company they have worked in partnership with before. The estimated build time is 12 weeks, with planning already having received approval.

23. Mr Shearer stated that at Rowlands, they believe it is important to design the pharmacy to be patient focussed – ensuring face to face consultation with the pharmacist. They have developed their refit design to build on this belief, and their new design has subsequently featured positively in a number of pharmacy press features. The pharmacy in the proposed site would mirror this design.
24. Mr Shearer went on to refer to the retrieval area that features in their refits. He advised this area is used by pharmacists to bag prescriptions in front of patients. This is designed to increase interaction between the pharmacist professional and the patient, improving patient contact and counselling, ultimately promoting the service that the profession gives.

25. Mr Shearer went on to advise that a well proportioned consultation room for private consultations is also provided in the plans, this is key in offering the Scottish Contracted Services, but also allows implementation of additional services including blood pressure, diabetes screening, weight management and prescribing clinics.

26. Mr Shearer stated that whilst existing pharmacies provide the contracted services, they should be looking to increase the service quality, and the possibility to develop services further?

27. Mr Shearer advised that last year they trialled late night opening in their Edinburgh Road branch to coincide with the late night appointments at the GP surgery. Over a six month period, they dispensed less than fifty items in total between 6.00pm and 8.30pm on Mondays. As a result, it was not viable to continue with the late night business. He further stated that it is their intention to open until 8.30pm on a Monday in the new premises as they will then be able to offer a convenient service to those exiting the practice after 6.00pm.

28. Mr Shearer advised that their current shop is oversized and dated. He advised that to convert the current unit to a similar specification as the new one would be more costly.

29. Mr Shearer advised that he could not see a disadvantage to relocating into the surgery premises.

30. Mr Shearer stated that, as previously mentioned, he did not believe the location to cause problems for any member of the public.

31. Mr Shearer advised that as a company, they believe in local people in their local businesses. He went on to advise that Susan Dunne has been managing their pharmacy in Edinburgh Road for over 3 ½ years. In that time she has been able to build a great rapport with the GPs in Eastfield Surgery as well as other health care professionals. Mr Shearer went on to state that should the contract be granted, Susan is interested in completing a prescribing course which would be well utilised in a co-located pharmacy, allowing her to provide clinics in partnership with the GPs.

32. Mr Shearer advised that this application is a chance to provide an enhanced pharmaceutical service in Penicuik, greater than that provided from their current premises.

33. Questions were first received from Mr Aitken, representing Lloyds Pharmacy.

34. In answer to Mr Aitken’s question, Mr Shearer advised that there was no evidence of inadequate pharmacy services nor complaints from the public in respect of their existing premises at Edinburgh Road. However, Mr Shearer went on to state that their Edinburgh Road branch is inadequate in respect of services that could be provided.

35. In answer to Mr Aitken’s question in relation to blood pressure testing and why this can’t be done in any branch, Mr Shearer advised that they have found in some branches where they have co-located previously that they have been able to set up a service with GPs in their monitoring service rather than provide a stand alone service.

36. Questions were next received from the Committee.
37. In answer to the Committee’s question, Mr Shearer advised that it would take twelve weeks to build their new premises and they have reassurances from their builders, Medical Centre Scotland. Mr Shearer went on to advise that he could guarantee that the premises could be open within six months.

38. In answer to the Committee’s question, Mr Shearer advised that they have not undertaken any specific survey in relation to residents regarding new premises being located at the other side of the road nor have they sought community council feedback.

39. In answer to the Committee’s question, Mr Shearer advised that the new premises would have a smaller footprint than the existing shop. He went on to advise that the existing pharmacy is a substantial size and it will be cheaper to build a premises fit for purpose. Mr Shearer stated that the fit out of the new premises will be in keeping with new services provided by pharmacies.

40. In answer to the Committee’s question, Mr Shearer advised that he could guarantee that they would close their existing shop if the application was granted. He confirmed this is their intention.

41. In answer to the Committee’s suggestion that this is an application for a new contract, Mr Shearer advised that it would not be viable for two contracts in close proximity and they would therefore close their Edinburgh Road branch.

42. In answer to the Committee’s observation as to where the bulk of their prescriptions come from and whether the applicants had considered other sites, Mr Shearer advised that although they do have enough room to refit their current pharmacy they do have problems such as damp and to rectify this would incur a high cost. Additionally he stated that they are always looking for new premises and this particular location has come about because of the relationship with the contractors and surgery.

43. In answer to the Committee’s question Mr Shearer advised that his definition of the neighbourhood was the whole of Penicuik and he made reference to the last Pharmacy Practices Committee definition of neighbourhood for Penicuik.

44. In answer to the Committee’s question, Mr Shearer advised that he does not believe that demographics would change.

45. In answer to the Committee’s question regarding who would access these new premises, Mr Shearer advised that housing in the area is split into council housing in Eastfield and Queensway and modern private housing in the west. Mr Shearer further advised that 75% of their business is currently from the east side of Penicuik and a smaller percentage from the west.

46. In answer to the Committee’s question regarding the new premises being less visible and having less passing trade, Mr Shearer advised that passing trade is not currently high at the existing premises. He went on to advise that the Health Centre has been in its current position for over five years and people know where it is. He further stated that the physical distance between their current location and their proposed new premises should not make any difference.

47. In answer to the Committee’s question, Mr Shearer advised that disabled access at their Edinburgh Road premises is not ideal and almost inaccessible. There is a significant step. They did have a doorbell but this was stolen. Staff can however help people in. He stated that ramps would be ideal but there are problems with planning applications. Mr Shearer stated further that the new premises will be all flat with automatic doors and floor space. With regard to their premises at John Street disabled access is again not ideal but functions.
48. In answer to the Committee’s question, Mr Shearer agreed that there would be a relatively small circulation area in the new premises.

49. In answer to the Committee’s question, Mr Shearer again advised that he could absolutely guarantee that if his application was granted that Edinburgh Road premises would close. He stated that there would be no viability for both.

50. In answer to the Committee’s question, Mr Shearer confirmed that they would be open when the GP practice was closed and he believed that people would come in when they knew their hours. He advised there would be prescribing clinics on Saturday afternoons.

51. In answer to the Committee’s question, Mr Shearer advised that he had no written confirmation of the GPs attitude towards the application nor any feedback. He went on to state that they have a good relationship with the Eastfield GPs and he believed it had always been their intention to open a pharmacy service.

52. In answer to the Committee’s question, Mr Shearer advised that the twelve week period to build the premises did not include the fitting out time. He stated that this would take an additional week.

53. In answer to the Committee’s question, Mr Shearer stated that he could not provide up to date information with regard to population.

54. In answer to the Committee’s question, Mr Shearer stated that he was unable to produce any up to date information regarding the different types of housing.

55. In answer to the Committee’s question, Mr Shearer advised that regardless of the introduction of CMS he believed that it is still a great benefit to be located near a surgery and build on services.

56. Additional questions were then received from Mr Aitken, representing Lloyds Pharmacy.

57. In answer to Mr Aitken’s question in respect of how CMS/EMAS impacts on a pharmacy locating near a surgery, Mr Shearer advised that this does negate at all. He advised that CMS will change the way pharmacies dispense prescriptions but patients will still have to access pharmacies in the same way.

**Adequacy of Existing Pharmaceutical Services and Necessity or Desirability – Interested Parties**

58. Mr Aitken, on behalf of Lloyds Pharmacy, stated in his oral presentation that he noted that the applicant suggesting that as part of their application they would close their existing premises. However, the Panel must treat the application as if it were one for inclusion in the pharmaceutical list. Mr Aitken suggested that before the Panel can go on to consider whether the application is either necessary or desirable they must establish that the current provision is inadequate.

59. Mr Aitken went on to state that he believed the population of Penicuik is just under 15,000 according to government statistics. He further stated that there are three pharmacies in the neighbourhood which makes the three pharmacies serving about 5,000 people each. This is only around the national average and there is ample capacity for growth.

60. Mr Aitken stated that the applicant did not in their application provide any evidence of inadequacy. He went on to advise that indeed the rationale for the application appears to be that “the cost of
refurbishing the current unit would cost too much to convert and fit out to the same spec as the new one”.

61. Mr Aitken advised that there is no evidence that the existing premises are inadequate and no evidence that the other pharmacies are inadequate in the neighbourhood. Mr Aitken suggested that cost savings of a refit is not evidence of inadequate pharmaceutical service. Further, no details of this have been provided in the application.

62. Mr Aitken pointed out that the applicant in the application makes reference to “increases the convenience to patients”. He went on to suggest that any application to a health centre where patients may happen to be will be more convenient but it is not the regulatory test to apply. He further stated that the current pharmacy is only a very short distance from the proposed site so in reality there is very little in the way of geographical advantage by the application.

63. Mr Aitken stated that the applicant has not provided any information to suggest that services are not or cannot be provided from the current premises and no evidence to suggest any deficiencies in the other pharmacies in the neighbourhood.

64. Mr Aitken stated that the National Appeal Panel only last year assessed the adequacy of pharmaceutical services in the neighbourhood and they concluded following a site visit and oral hearing that: “there were three pharmacies within the defined neighbourhood. There was a further pharmacy located in Roslin. The Panel considered that these pharmacies provided an adequate pharmaceutical service for the defined neighbourhood of Penicuik, including all core pharmaceutical contract services and the new pharmacy contract initiatives. Penicuik was the focal centre of the area with all main shopping and services provided in the centre of the town. There was adequate parking for those with cars, and a good public transport system giving good access to those resident in the neighbourhood to pharmaceutical services. The opening of a new pharmacy in Penicuik would not improve the quality of the health of the population. The existing level of prescribing was relatively low for such a neighbourhood, indicating a population with a good health record and of relative affluence. The area was not a deprived area.”

Mr Aitken went on to advise that he would agree that Penicuik is a relatively affluent area. Households without a car is well below the national average. Nationally 34.2% have no car but in Penicuik it is only 25.4%. Two car ownership is higher than the national average at 24% versus 19% nationally. 73% of the population were also listed as having good health against a national average of 68%. Mr Aitken went on to suggest that this demonstrates that health needs are not skewed adversely in this neighbourhood. If any additional housing occurs he would submit that it would be of good quality and attract a relatively healthy and mobile population and would not place huge demands on the pharmaceutical services.

65. Mr Aitken advised that in terms of future housing plans the current climate means that much of it will be delayed or may not even happen. He further suggested that he did not believe that there are firm plans at the moment. Further, the current plans are just taken from the zonal plan of the area.

66. Mr Aitken stated that Lloyds Pharmacy monitor waiting times as part of their own internal KPIs and he believes they have an efficient service in place. He went on to state that waiting times are well under ten minutes on average.

67. Mr Aitken advised that they have adequate staffing in place and there is opportunity to increase this further if it proved necessary to do so. He further stated that they also provide all commissioned services as well as delivery services.
68. Mr Aitken advised that the opening hours of existing pharmacies are also adequate. He pointed out that the Health Board can request pharmacies to open additional hours if there is a need but this has not been forthcoming. He further stated that he believes that the existing hours work well but there is scope to increase these further if at some stage there was an identified need.

69. Mr Aitken concluded by submitting that the existing provision is adequate and therefore it is neither necessary nor desirable to grant the application to secure adequate pharmaceutical services in the neighbourhood.

70. Questions were first received from Mr Shearer, Rowlands Pharmacy.

71. In answer to Mr Shearer’s question, Mr Aitken advised that he declined to confirm what proportion of business his company receives from the Eastfield area but pointed out that the Committee will have this information.

72. In answer to Mr Shearer’s question, Mr Aitken advised that it is possible that their business would be adversely affected if the new premises opened but he could not confirm by how much. He went on to state that the Pharmacy Practices Committee decide if current services are adequate.

73. In answer to Mr Shearer’s question, Mr Aitken advised that they do provide a delivery service.

74. In answer to Mr Shearer’s question, Mr Aitken advised that he agreed that the new premises will be accessible if people are car owners.

75. Next questions were received from the Committee.

76. In answer to the Committee’s question, Mr Aitken advised that his company have no plans to expand. He went on to confirm that there are no capacity issues and that they have a stock room upstairs.

77. In answer to the Committee’s question, Mr Aitken confirmed that they do not have automatic doors at their premises. He went on to advise that in relation to disabled access there is no step at the entrance, there is a bell that can be rung for assistance and there is always staff there.

78. In answer to the Committee’s question, Mr Aitken advised that they have a good relationship with Eastfield GP practice. He advised that there has been a change in GPs in the last year or so. He further stated that they have a good relationship with both health centres in the area.

79. In answer to the Committee’s question, Mr Aitken advised that he could not confirm the percentage of the population over the age of 80.

80. In answer to the Committee’s question, Mr Aitken advised that 34.2% of the population nationally have no car and 25.4% of the population in Penicuik have no car. He went on to state that currently there is no great distance to walk and there are delivery services available.

81. In answer to the Committee’s question, Mr Aitken advised that there is a good bus service in Penicuik and from Penicuik into Edinburgh. There is also a good service between both surgeries.

**Summing Up**

82. Mr Shearer for Rowlands Pharmacy summed up by making the following points:

- The relocation of their premises will cause no change to the population currently served.
The area and housing type around the Eastfield area mirrors that of their current location.

Patient have not, and will not have any problems accessing Eastfield Medical Centre, there are numerous crossings and bus stops, and this cannot be seen as any type of barrier to access pharmaceutical services.

There will be no appreciable affect on the NHS services provided by other contractors in the neighbourhood.

The relocation is just 550 metres from their current premises and the population would have no problem accessing services.

Co-locating in the Health Centre can only serve to improve pharmaceutical services to patients in Penicuik. Just because current contractors provide the services currently required, that does not mean service should not be improved. Co-locating with a GP is nothing new.

As a profession the applicant believes they are trying to promote the service that pharmacy can offer. Locating in the Health Centre will improve co-working between pharmacy and other health care professions, taking services further, and this can only be of benefit to patients.

It is the applicant’s intention to close the existing premises at Edinburgh Road.

83. Mr Aitkin of Lloyds Pharmacy summed up by making the following points:

- Current services are sufficient. There are two surgeries and three pharmacies at present
- Provision within the area is adequate and therefore it is neither necessary nor desirable to grant the application to secure adequate pharmaceutical services in the neighbourhood.

**Decision**

**Neighbourhood**

84. The Committee defined the neighbourhood as North: to Graham Road which joins the A701 to the Brae which is on the B7026. South: to Harpers Brae continuing to Eskmill Road through Kirkhill Road and joining up at the High Street. Southern Boundary: High Street where it is joined by Kirkhill Road along West Street through Bog Road onto Carllops Road, into Rullion Road and continuing on through Queensway and back to Edinburgh Road (A701). The boundary is completed by travelling northerly back to Graham Road.

The Committee considered the stated roads encompassing the town of Penicuik to be the most natural.

**Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

85. Having reached that decision the Committee then required to consider the adequacy of existing pharmaceutical services in that neighbourhood, and whether the granting of the application was necessary or desirable in order to ensure adequate provision of pharmaceutical services in that neighbourhood.

86. The Committee considered the adequacy of services already existing in the neighbourhood.

87. The Committee took into consideration the large population without cars who would find access to the new premises more difficult.

88. The Committee took into consideration the fact that cost savings of a refit of existing premises is not a reason for granting an application for new premises.

89. The Committee took into consideration access for parking at existing pharmacies.
90. The Committee took into consideration that the premises at Edinburgh Road are larger and they provide all core pharmacy services.

91. The Committee took into consideration existing disabled access which they believe to be adequate although it could be improved.

92. The Committee took into consideration the fact that there was no evidence of any inadequacies or problems of service capacity.

93. At this stage the contractor pharmacists left the meeting and the vote was taken.

94. The Committee agreed unanimously from the information made available that the existing pharmaceutical services in the neighbourhood were adequate.

95. Accordingly the Committee agreed that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the pharmaceutical list.

96. In the circumstances, it was the Committee’s unanimous decision that the application should not be granted.

Signed……JACK AITCHISON…………….. Date …3 JUNE 2010…………………………
Jack Aitchison, Chair
Pharmacy Practices Committee